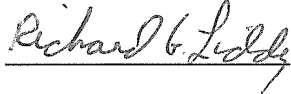


Address all correspondence and telephone calls to: Customer No. 028395

John Buser - 51,517
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Telephone: 1- 248-358-4400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| NAME AND MAILING ADDRESS OF INVENTOR: | RESIDENCE | CITIZENSHIP | SIGNATURE | DATE |
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| Tim Davis 4321 Antique Lane Bloomfield Hills, MI, 48302, US | Bloomfield Hills, MI, 48302, | United Kingdom | | |

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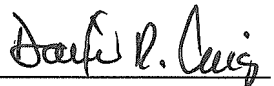
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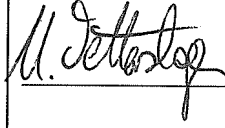
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26 STRING POOL

WARWICK

CV34 402

UK.

Timothy P Davis

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Richard Liddy, et al.

Serial No.: To Be Assigned

Filed: Filed Herewith

For: METHOD TO FACILITATE FAILURE MODES AND EFFECTS ANALYSIS

Attorney Docket No.: 81087759

CONSENT LETTER

Commissioner for Patents
U.S. Patent & Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The attorney identified below has reviewed this application and its attachments and consents to its electronic filing.

Respectfully submitted,

Richard Liddy, et al.

By: 

John R. Buser

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Attorney/Agent for Applicant

Date: 11-25-03

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